

PATENT APPLICATION

AF/AM 1644 \$
DOCKET NO.: LKS95-10



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

Applicants:

Paul D. Ponath, Douglas J. Ringler, S. Tarran Jones, Walter Newman,
José Saldanha and Mary M. Bendig

Application No.:

08/700,737

Group Art Unit: 1644

Filed:

August 15, 1996

Examiner: E. Rabin

For:

HUMANIZED IMMUNOGLOBULIN REACTIVE WITH $\alpha 4\beta 7$
INTEGRIN

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231

on 9/11/98 Karen DiRocco
Date Signature

KAREN DiROCCO
Typed or printed name of person signing certificate

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Assistant Commissioner for Patents
Box AF
Washington, D.C. 20231

Sir:

09/15/1998 SLU:MS 00000069 08700737

01 FC:117
02 FC:119

Applicant hereby appeals to the Board of Appeals from the decision dated March 13, 1998 of the Primary Examiner finally rejecting claims 1-9, 11-15, 18-20, 23, 24, 27 and 28. The item(s) checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated March 13, 1998 for three-months from June 13, 1998 to September 13, 1998.
2. ☐ A ☐ month extension of time to respond to the Office Action Made Final dated ☐ was filed on ☐ with payment of a \$☐ fee.
☐ Applicant hereby petitions for an additional ☐ month extension of time to respond to the Office Action Made Final.

3. ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for 3 months		\$ 950
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	(<input type="checkbox"/> mo.)	\$ _____
	Less fee paid	(<input type="checkbox"/> mo.)	- \$ _____
	Balance of fee due		\$ 0
<input type="checkbox"/>	Oral Hearing		\$ _____
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 310
<input type="checkbox"/>	Other _____		\$ _____
	TOTAL		\$ 1260

5. The method of payment for the total fees is as follows:

☒ A check in the amount of \$1,260.00 is enclosed.

☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge Deposit Account No. 08-0380 for any additional amounts that may be due on this matter. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.



Anne J. Collins
Registration No.: 40,564
Tel.: (781) 861-6240
Fax: (781) 861-9540

Lexington, Massachusetts 02421-4799

Date:

September 11, 1998

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